



CITY OF CARMEL / CLAY TOWNSHIP

RESIDENTIAL IMPROVEMENT LOCATION PERMIT APPLICATION
For New Structures, Additions, Remodels, and Accessory Structures

PERMIT # _____

Sewer / Water Utility
Permit # _____

BUILDER OF RECORD	NAME		PHONE		FAX	
	STREET ADDRESS		CITY		STATE ZIP	
	E-MAIL ADDRESS		BEST METHOD OF CONTACT			
PLUMBING CONTRACTOR	NAME		STATE OF INDIANA LICENSE NUMBER			PLUMBING CODE <input type="checkbox"/> IRC <input type="checkbox"/> UPC
	NAME		PHONE		FAX	
PROPERTY OWNER	STREET ADDRESS		CITY		STATE ZIP	
	LOT NUMBER		SUBDIVISION NAME		SECTION	
PROJECT LOCATION	STREET ADDRESS		CITY		STATE ZIP	
	TAX MAP PARCEL NUMBER		ZONING		FLOOD ZONE/S	
	SEWER UTILITY		WATER UTILITY		SEWER/WATER UTILITIES EXCAVATOR	
LOT SPLIT <input type="checkbox"/> YES <input type="checkbox"/> NO						
TYPE OF PERMIT	TYPE OF CONSTRUCTION <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> TOWNHOME		MASTER PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOORPLAN	
	TYPE OF IMPROVEMENT <input type="checkbox"/> NEW STRUCTURE <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION - <input type="checkbox"/> Room/s <input type="checkbox"/> Porch <input type="checkbox"/> Deck <input type="checkbox"/> BASEMENT FINISH		<input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> DEMOLITION		EARLY RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO	
	PLAN COMMISSION / BZA / BPW DOCKET NUMBER/S AND/OR TAC DATE/S		ESTIMATED COST OF CONSTRUCTION, EXCLUDING LAND		SQUARE FOOTAGE	
PROJECT	TYPE OF FOUNDATION <input type="checkbox"/> SLAB <input type="checkbox"/> BASEMENT - <input type="checkbox"/> WALK-OUT <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> POST & BEAM <input type="checkbox"/> POST & PIER		MANUFACTURED TRUSSES <input type="checkbox"/> YES <input type="checkbox"/> NO		SUMP PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO	
	PDF PLANS <input type="checkbox"/> CD <input type="checkbox"/> E-MAIL				PORCH <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE OF INDIANA CDR FOR TOWNHOMES	CDR NUMBER		RELEASE DATE		CONSTRUCTION TYPE	
	SCOPE OF RELEASE <input type="checkbox"/> FDN <input type="checkbox"/> STR <input type="checkbox"/> ARCH <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> SPKLR <input type="checkbox"/> OTHER _____				OCCUPANCY CLASS	
						TYPE OF RELEASE

For Single Family and Two Family Dwellings this permit is valid only if construction commences within 180 days of the date of issuance of this permit and must be completed, having the Certificate of Occupancy issued, within 18 months of the date of issuance. Class I Structure Permits are subject to the State of Indiana General Administrative Rules (GAR 675 IAC 12) regarding expiration time frames for beginning and completing construction. I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and the "Zoning Ordinance of Carmel Indiana - 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq, General Assembly of the State of Indiana, and all Acts amendatory thereto. I further certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify that the construction will not be used or occupied until a Certificate of Occupancy has been issued by the Department of Community Services, Carmel, Indiana.

Signature of Owner or Authorized Agent _____

Printed Name _____

Date _____

REQUIRED BASE INSPECTIONS *

* Additional inspections may be required.

- ☐ Lower Footing ☐ Rough-In ☐ Final
☐ Upper Footing ☐ Meter Base ☐ Site
☐ Underslab

Reviewed / Released - Department of Community Services

Date _____

PERMIT FEES

Filing / Review _____ Re-Review _____
Base Inspections _____
Cert. of Occupancy _____ Other _____
P.R.I.F. _____
TOTAL _____

Fee Received - Department of Community Services

Date _____